



wellsense.org | 877-957-1300

Pharmacy Policy

Tarka

Policy Number: 9.624

Revision Number: R0

Version Effective Date: 1/1/2021

Product Applicability <input type="checkbox"/> All Plan+ Products	
Well Sense Health Plan	Boston Medical Center HealthNet Plan
<input checked="" type="checkbox"/> New Hampshire Medicaid	<input type="checkbox"/> MassHealth - MCO
	<input type="checkbox"/> MassHealth - ACO
	<input type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct
	<input type="checkbox"/> Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- Tarka (trandolapril/verapamil)

***Generic equivalent covered without PA**

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All FDA approved indications unless otherwise excluded
Exclusion Criteria	None

^{*} Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Required Medical Information	<ol style="list-style-type: none"> 1. Diagnosis of Hypertension; AND 2. Trial and Failure of 3 preferred ACE Inhibitors and Combinations (See Appendix B); AND 3. Trial and Failure of 2 preferred Calcium Channel Blockers and Combinations (See Appendix A)
Age Restrictions	None
Prescriber Restriction	None
Coverage Duration	1 year
Other criteria	Reauthorization: <ol style="list-style-type: none"> 1. Currently receiving medication via Well Sense benefit or member has previously met initial approval criteria; AND 2. Attestation of continued efficacy, monitoring and appropriateness of therapy.

Appendix A: Calcium Channel Blockers (Non-DHP)/Combinations

PREFERRED Products	
Cartia XT®	Trial and failure of 2 Preferred products required prior to Non-Preferred products
Diltia XT®	
diltiazem ER (generic for Cardizem CD®)	
diltiazem HCL (generic for Cardizem®)	
diltiazem SR (generic for Cardizem SR®)	
diltiazem XR (generic for Dilacor XR®)	
Dilacor XR®	
Taztia XT®	
verapamil (generic for Calan®, Isoptin® and Verelan®)	
verapamil ER (generic for Calan SR® and Isoptin SR®)	
verapamil ER PM (generic for Verelan PM®)	

Appendix B: ACE Inhibitors/Combinations

PREFERRED Products	
amlodipine/benazepril (generic for Lotrel®)	
benazepril (generic for Lotensin®)	
benazepril HCT (generic for Lotensin HCT®)	
captopril (generic for Capoten®)	
captopril-HCTZ (generic for Capozide®)	
enalapril (generic for Vasotec®)	

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

enalapril-HCTZ (generic for Vaseretic®)	Trial and failure of 3 Preferred products required prior to Non-Preferred products
fosinopril/HCTZ	
lisinopril (generic for Prinivil® and Zestril®)	
lisinopril-HCTZ (generic for Prinzide® and Zestoretic®)	
moexipril	
moexipril/HCTZ	
perindopril (generic for Aceon®)	
quinapril (generic for Accupril®)	
quinapril/HCTZ (generic for Accyretic®)	
ramipril (generic for Altace cap®)	
trandolapril (generic for Mavik®)	
trandolapril/verapamil (generic for Tarka®)	

Clinical Background Information and References

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	P&T Committee, NH DHHS

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/1/2020	New Policy created for NH	1/1/2021	P&T Committee, NH DHHS

Next Review Date

2021

Other Applicable Policies

^{*} Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

^{*} *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.